Rec'd PCT/PTO 17 NOV 2005 10/536735

Attorney Docket Number 1321.2.82.1 **DECLARATION FOR UTILITY OR** First Named Inventor Louis Ptacek **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) Application Number 10/536,735 □ Declaration □ Declaration Filing Date OR Submitted Submitted after Initial With Initial Filing (surcharge **Group Art Unit** (37 CFR 1.16 (e)) Filing **Examiner Name** required)

I hereby declare that:							
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.							
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
CASEIN KINASE I EPSILON AND CASEIN KINASE I DELTA AND SLEEP IN HUMANS							
<u> </u>	(Title of t	the Invention)	· · ·				
the specification of v	vhich						
☐ is attached hereto							
OR							
was filed on (MM/DD/YYYY) 11/26/2003 as United States Application Number or PCT International							
Application Number PCT/US2003/037992 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?			
Number(s)			Not Claimed	YES	specification, including the ed in 37 CFR 1.56, including the the filing date of the prior oplication. any foreign application(s) for ternational application which had have also identified below, rights certificate(s), or of any priority is claimed. Certified Copy Attached? YES NO		
Additional foreign applicati	ion numbers are listed on a su	oplemental priority data sheet	PTO/SB/02B attac	hed hereto:			

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DECLARATION — Utility or Design Patent Application

I hereby appoint:								
OR								
☐ Practitioner(s) named below:								
Name	 	Neg	ISUAUOII INUII	ibei				
as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.								
Direct all correspondence to: The address associated with Customer Number Customer Number Customer Number								
Name								
Address								
City	State		ZIP					
Country		Telephone		Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Family Name or Surname (first and middle [if any]) Louis Ptacek								
Inventor's Signature Date 6/28/05								
Residence: City San Francisco	State California	Countr	y d States	Citizenship United States				
Mailing Address Howard Hughes Medical Institute, University of California, San, Francisco, Dept. of Neurology, 1550 4 th Street, Bldg. 19B, Rm 548F								
City San Francisco	State California	Zip 94158	Zip Country 94158 United States					
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Christopher Family Name or Surname Jones								
Inventor's Signature			Date					
Residence: City Salt Lake City	State Utah	Country Citizenship United States United State		Citizenship United States				
Mailing Address University of Utah, School of Medicine, 30 N. Medical Drive, Rmm 3R210								
City Salt Lake City	State Utah	Zip 84112		Country United States				
Additional inventors or a legal representative an	e being named on	the sunnleme	ental cheet(s) F	PTO/SB/02A or 02LR attached hereto.				

DECLARATION — Utility or Design Patent Application

I hereby appoint:					_			
☑ Practitioners associated with the Cu	nber: 21552							
OR	2.002							
Practitioner(s) named below:								
Name		В	aciatestica Nun	nhor	1			
Name		, K	egistration Nun	ilbei				
as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.								
Direct all correspondence to: The address associated with Customer Number 1		21552	OR	Correspondence address below				
Name								
Address								
Country	State	elephone	ZIP	Fax				
Country	 	<u>-</u>	and that all atas		n information and			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name	Given Name Family Name or Surname							
(first and middle [if any]) Louis Ptacek								
Inventor's Signature		Date .						
Residence: City San Francisco	State California	Country United States		Citizenship United States				
Mailing Address Howard Hughes Medical Institute, University of California, San, Francisco, Dept. of Neurology, 1550 4 th Street, Bldg. 19B, Rm 548F								
City San Francisco	State California	Zip 94158		Country United States				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name			ne or Surnamo					
(first and middle [if any]) Christopher Cobert Jones								
Inventor's Signature Chiefopher Pones Date 06/22 (05								
Residence: City Salt Lake City	State Utah	Cour Unit	itry ed States	Citizenship United States				
Mailing Address University of Utah, School of Medicine, 30 N. Medical Drive, Rmm 3R210								
City Salt Lake City	State Utah	Zip 84112		Country United State	les			
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								

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1 0,5 3 6 7 3 2 PTO/SB/02A (08-03)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of @1

	Name of additional joint inventor, if any			A petition has been filed for this unsigned inventor					
\mathcal{I}	Given Name (first and middle [if any])			Family Name or Surname					
20	Ying-Hui				Fu				
)	Inventor's Signature			Date 6 - 28				5-28-05	
	Residence: City	San Francisco	State	California	Country	United State	S Citize	enship	United States
	Mailing Address	Howard Hughes Medical Institute, University of California San Francisco, Department of							
	Mailing Address Neurology, 1550 4 th Street, Bldg. 19B, Rm 548B								
	City	San Francisco	State	California	a zip	94158	Country	Unite	d States

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